

Control Number: 49779



Item Number: 206

Addendum StartPage: 0





ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:					
☑ This is a new broker registration					
☐ This supplies info	rmation for a per	nding broker registi	ration		
☐ This amends an ex	xisting, complete	ed broker registration	n		
Provide an explanat	tion of the amend	dment:			
2. Authorized Represe	entative or Atto	rney to contact ab	out this	s application:	
Name David Karohl			Title President		
Business Address 3262 Westheimer, Suite 211					
City Houston	State TX		Zip ₇₇	7098	
Telephone Number (7	13) 784-7238				
Email Address david.k	arohl@mybestpl	an.net			
3. Registering Entity:	List the registeri	ng entity's legal na	me, bus	siness address, and telephone number.	
Name My Best Plan, LL	.C				
Business address 3262 Westheimer, Suite 211					
City Houston	State TX		Zip ₇₇	7098	
Telephone Number (713) 784-7283					
4. Type of organization of registering entity:					
☐ Sole proprietor		□ Other			
☐ Corporation ☑ Limited Liability Company, L.L.C					
☐ Limited Partnership					

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5. Description of the b	rokerage services provided by the	ne registering entity and type of customers served.			
Description of Services: Provide advice, procurement services on behalf of retail electric customers					
Types of Customers: Check all that apply					
☑ Residential ☐ Commercial	☐ Industrial ☐ Municipalities	□ Other			
listed in -3 above, und intends to operate mus					
1 st		2 nd			
3 rd	4 th	5 th			
	s Attachment A , the names, but officers, directors, and partners	isiness addresses, email addresses, and phone numbers of , as applicable.			
☑ Attachment A					
8. Customer Service Contact . List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.					
Customer Service Department	Telephone Number (713) 784-7283	Email Address david.karohl@mybestplan.net			
		Title President			
Business address 3262 Westheimer, Suite 211					
City Houston	State TX	Zip ₇₇₀₉₈			
Telephone Number 713-784-7283					
Email Address david.karohl@mybestplan.net					
9. Regulatory contact for a regulatory contact		al business address, telephone number, and email address			
Name David Karohl		Title President			
Business address 410					
	l Greenbriar, Suite 122A				
City Houston	State TX	Zip ₇₇₀₉₈			
City Houston Telephone Number (7	State TX	Zip ₇₇₀₉₈			

10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

☑ Copy of Secretary of State certificate of status is attached.

Attachment A - My Best Plan, LLC Officers, Directors, Partners

David Karohl 3262 Westheimer, Suite 211, Houston, TX 77098 david.karohl@mybestplan.net 713-784-7283, x100 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

My Best Plan, LLC File Number: 801151401

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 07/27/2009

Effective: 07/27/2009

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Hope Andrade Secretary of State

TID: 10306

Dial: 7-1-1 for Relay Services Document: 269279060002

AFFIDAVIT

	My name is avid Karor	. I am the lesident	of the Registering Entity.
	competent to testify to the registering entity. I furth correct and complete and Utility Commission of T and will comply with a	nem, and that I have the authority to subther swear or affirm that all statements of that any substantial changes in such it is a timely manner. I swear or afficient	ated in the attached registration, that I am omit this application form on behalf of the s made in the Registration Form are true, information will be provided to the Public firm that the registering entity understands and rules, including customer protection or retail electric service.
"HILLIAM WOOD OF THE PARTY OF T	OF OF TEXTS	David Karohl Printed Name My Best Plan, LLC Name of Registering Enti	Entity's Owner, Partner, or Officer
	The second second	Notary Public in and For My commission expires of	Month Year

